Registration Form 2023-24

Saint Nicholas Greek Orthodox Church
Stephen & Areti Cherpelis
Hellenic Orthodox Life Academy

<mark>**REVISED 09/06/2023**</mark>

Student Information

First _____Middle _____ Last_____

Date of Birth_____ Grade_____ Gender: Male_____ Female _____

Address_____

Parent/Guardian Contact Information

Mother: First Name _____ Last Name_____

Father: First Name _____ Last Name_____

Address_____

Mother: Cell Phone _____ Work Phone_____

Father: Cell Phone _____ Work Phone_____

Email _____Email _____

Alternate Pick-up/Release Information

First Name_____ Last name_____

Address_____

Cell Phone _____ Work Phone_____

Email _____

Emergency Contact Information – Alternate Pickup/Release

First Name_____ Last name_____

Phone _____ Email _____

Relation to child _____

- I give permission to have my child taken to the hospital in case of an emergency Yes _____No_____
- Special Medical/Allergy Information_____
- I give permission to have my child's name and photograph used for promotional purposes, in reference to the HOLA Program: Yes __ No__

FOR KINDERGARTEN – 8TH GRADE

Number of Days Attending:	1 day ___	2 days ___	3 days ___	4 days ___	5 days ___	Registration
Days Attending:	M T W T F	M T W T F	M T W T F	M T W T F	M T W T F	Fee per Family
Monthly Cost	**$185**	**$275**	**$325**	**$385**	**$455**	**$75**

FOR NURSERY – PRE-K

Number of Days Attending:	1 day ___	2 days ___	3 days ___	4 days ___	5 days __	Registration
Days Attending:	M T W T F	M T W T F	M T W T F	M T W T F	M T W T F	Fee per Family
Monthly Cost	**$245**	**$315**	**$390**	**$455**	**$525**	**$75**

Forms of payment: Check, Cash, Credit Card (Credit Cards can be accepted, in person, on the phone)

*Please note that by signing below, you agree and understand that monthly fee is due on the first of every month. There will be no invoice issued

**For one time or recurring monthly credit card payments there will be a 2.3% surcharge per transaction.

Please complete form on the back of this registration form.

Parent's Signature: _____ **Date:** _____ / _____ / _____

If you would like to begin recurring payments please complete the below form

Credit Card Payments:

Will this be a recurring monthly charge? _____yes   _____no

☐ **Visa**   ☐**MC**   ☐ **Discover** ☐**Amex**

Amount to be charged $_____

Name on credit card_____

Credit card Number _____

Expiration Date_____ CVV_____

Zip Code associated with credit card_____

Email_____

Students Name_____ Grade_____

** Please note, there will be a 2.3% processing fee per transaction**

For Office use only
Date Entered into system_____